

FORM 1: VENDOR and SUBCONTRACTOR INFORMATION STATEMENT

VENDOR shall use this (or a facsimile) to document information for the prime VENDOR and all SUBCONTRACTOR. Please copy this form as needed to comply with the requirements outlined in the RFP

Prime VENDOR(s) Name: _____

	PRIME VENDOR	SUBCONTRACTOR/SUBLEASEE #1
Legal Name of Company*		
Company's FEID Number		
Company Contact Name		
Company Address		
City, State, Zip Code		
Company Telephone No.		
Company Fax Number		
Company E-mail address		
Legal Name of Principal(s)		
Address of Principal(s)		
City, State, Zip Code		
Telephone Number of Principal(s)		
Fax Number of Principal(s)		
E-mail address of Principal(s)		
Corporate Number (if applicable)		
License Number		
Status of License or Representation		
Work to be Performed		
SB/DBE Certification# & Exp. Date		

*Exactly as Registered with the State of New Hampshire (i.e. LLC, Inc., P.A., etc.). Please duplicate this page as necessary to provide the requested information. Changes made to this Subcontractor Information Statement must be submitted in writing to the Bureau for approval prior to that Subcontractor/Sub Lessee performing the Work.

FORM 1, PAGE 2: PRIME & SUBCONTRACTOR INFORMATION STATEMENT

	SUBCONTRACTOR #2	SUBCONTRACTOR #3
Legal Name of Company*		
Company's FEID Number		
Company Contact Name		
Company Address		
City, State, Zip Code		
Company Telephone No.		
Company Fax Number		
Company E-mail address		
Legal Name of Principal(s)		
Address of Principal(s)		
City, State, Zip Code		
Telephone Number of Principal(s)		
Fax Number of Principal(s)		
E-mail address of Principal(s)		
Corporate Number (if applicable)		
License Number		
Status of License or Representation		
Work to be Performed		
SB/DBE Certification# & Exp. Date		

*Exactly as Registered with the State of New Hampshire (i.e. LLC, Inc., P.A., etc.)

Please duplicate this page as necessary to provide the requested information. This Prime & Subcontractor Information Statement will become a part of the Ground Lease Contract Documents. Changes made to this Subcontractor Information Statement must be submitted in writing to the Bureau for approval prior to that Subcontractor performing the Work. Signatures and additional information to be provided on the following page

By: _____

President or Vice President

Attest: _____

Secretary (or Assistant Secretary)

Signature

(Affix

Print Name

Corporate
Seal)

Signature

Print Name

INDIVIDUAL OR FIRM TRADING AS:

Principal (Proposer)

Signature: _____ Individual or Owner

Witness: _____

(If Partnership, list names and address of each partner on a separate sheet)

STATE OF: _____

COUNTY OF: _____

On this date, before me personally appeared known to me to be the person(s) whose name(s) is subscribed to the foregoing instrument, and acknowledged to me that they executed the same.

WITNESS my hand and seal, this _____ day of _____, 20_____.
(SEAL)

NOTARY PUBLIC

My Commission Expires: _____

Signature: (1) _____

Co-Partner or GP

Signature: (2) _____

Co-Partner or GP

Witness: (1) _____

Witness: (1) _____

Witness: (2) _____

Witness: (2) _____

FORM 2: PAST PERFORMANCE

VENDOR's or SUBCONTRACTOR's Name:_____

[illegible]

**STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION
TOLL COLLECTION SYSTEM DOT -RFP 2012-060**

FORM 3: VENDOR REFERENCED PROJECTS

VENDOR shall use this (or a facsimile) to clearly show how VENDOR meets the requirements set forth in the Proposal Requirements for Project experience. Each reference provided may be contacted to determine the VENDOR's ability to meet the Proposal requirements. Please copy this form as needed to comply with the requirements outlined in the RFP

VENDOR's Name: _____

Reference Project Number: ____ of ____ *(at least 2 but no more than 3 reference projects are allowed)*

Reference Project Name:	
Reference Project Customer:	
City:	State:
Phone Number:	Fax Number:
Project Manager:	
Project Manager E-mail:	
Project location and scope:	
Vendor's role on Project and years of participation (mm/dd/yy to mm/dd/yy):	
Comparison to State of New Hampshire Project requirements:	
Key Personnel involved and role who are also proposed on the New Hampshire Toll Collection System Project:	

Reference Response (For Bureau Internal Use):

**STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION
TOLL COLLECTION SYSTEM DOT -RFP 2012-060**

FORM 4: KEY STAFF REFERENCES

VENDOR shall use this form to clearly show how VENDOR meets the requirements set forth in the RFP for each key project team member. Each reference provided may be contacted to determine the respondent's ability to meet the Toll Collection System requirements. Copy this form as needed to comply with the requirements of the RFP and the number of references cited.

Key Project Team Member _____

Proposed Position _____

Reference Company Name:	
Address:	
City:	State: Zip Code:
Phone Number:	Fax Number:
Project Manager:	
E-mail:	
Number of total years experience of Key Team Member in similar role to one proposed for the Toll Collection System Development Project:	
Reference Project:	
Key Staff Team Member Role on Project, including dates of participation and job description:	
Project location, scope, cost, start / end dates, etc.:	
Comparison to NH Toll Collection System Project requirements:	

Reference Response (For Bureau Internal Use):

STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION
TOLL COLLECTION SYSTEM DOT -RFP 2012-060

FORM 5: STATE OF NEW HAMPSHIRE PROPOSAL TRANSMITTAL FORM LETTER

Company Name_____

Address_____

To: Christopher M. Waszczuk, P.E.
Turnpike Administrator
36 Hackett Hill Road
Hooksett, NH 03106

RE: Proposal Invitation Name: Toll Collection System
Proposal Number: 2012-060
Proposal Opening Date and Time: February 16, 2012 at 2:30 pm

Dear Sir:

Company Name: _____ hereby offers to sell to the State of New Hampshire the Services indicated in [RFP NH Department of Transportation 2012-060 Toll Collection System](#) at the price(s) quoted in Vendor Response Section VII: *Cost Proposal*, and Appendix I: *Pricing Worksheets*, in complete accordance with all conditions of this RFP and all Specifications set forth in the RFP and in the State of New Hampshire Terms and Conditions outlined in RFP Appendix H: *State of New Hampshire Terms and Conditions*.

Company Signor: _____ is authorized to legally obligate
Company Name: _____.

We attest to the fact that:

The company has reviewed and agreed to be bound by all RFP terms and conditions including but not limited to the State of New Hampshire Terms and Conditions in Appendix H: of this RFP.

The proposal is effective for a period of 180 days. ;

That the prices quoted in the proposal were established without collusion with other eligible Vendors and without effort to preclude the State of New Hampshire from obtaining the best possible competitive price; and

The Vendor has read, signed, and included this RFP and any subsequent addendum (a).

Our official point of contact is _____,

Title _____

Telephone_____, Email_____

Authorized Signature Printed _____

Authorized Signature _____

Important Note: Vendors are provided an electronic version of the RFP Transmittal Letter. Any electronic alteration to this Transmittal Letter template is prohibited. Any such changes will result in a Proposal being rejected

Vendor Inquiry Form

Proposer: _____

Sheet No. 1 of Sheets

<i>Item No.</i>	<i>Part No.</i>	<i>Section No.</i>	<i>Inquiry</i>	<i>Reserved for Response</i>
1				
2				
3				
4				
5				
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7				
8				
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Duplicate as needed.